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Substitute for form 1449B/PTO				Complete if Known	
INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(use as many sheets as necessary)</i>				Application Number	Unassigned
				Filing Date	
				First Named Inventor	Colrain
				Group Art Unit	Unassigned
				Examiner Name	Unassigned
				Attorney Docket Number	007.0191.01
Sheet	2	of	2		

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Examiner Signature	<i>Wendell E. Dodds, Jr.</i>	Date Considered	<i>10/1/04</i>
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